

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">10088916</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1		51						
2						1	52						
3						2	53						
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5						2	55						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					3		TOTAL IND.						
TOTAL DEP.					25		TOTAL DEP.						
TOTAL CLAIMS					28		TOTAL CLAIMS						